

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S): _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16	1					
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32	1					
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			1	1	1	1
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57	1					
58						
59						
60	1					
61						
62						
63						
64						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		1				
TOTAL DEP.			1			
TOTAL CLAIMS		1				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS